

POST In-Service Training Waiver Request Form
Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

Officer Information: (ALL information MUST be completed)

Last Name:	First Name:	Maiden/Middle Name:	Generation (Sr., Jr., etc):
Social Security #:	Date of Birth:	Driver's License #:	Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address:			
Employing Agency:			Hire Date:
POST Academy Attended:		Graduation Date:	P.O.S.T. Certificate #:

In-Service Training Information:

Category	Number of Hours Completed	Number of Hours Deficient	Total Hours Required
Firearms			8
Legal			2
Officer Survival			4
Electives			6

Justification for Waiver Request Instructions:
(choose the applicable reason for request and follow those instructions)

Medical Related Request – provide the beginning date of the medical leave and/or limited duty status, the nature of the medical leave and/or limited duty status, and the end date (or projected end date) of the medical leave and/or limited duty status. This information, along with any available supporting documentation, must be attached to this form upon submission.

Active Military Duty Request – a copy of the military orders must be attached to this form upon submission. The orders must reflect the date of notification, date of activation, and return date (or projected return date).

Other Requests – provide any available or applicable information including, but not limited to, the nature of the waiver request, the begin date of the period of wavier, and the end date (or projected end date) of the period of waiver. This information, along with any available supporting documentation, must be attached to this form upon submission.

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I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Agency Head: _____

Printed Name of Agency Head: _____

Date of Signature: _____

MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)